

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155200		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1564 S UNIVERSITY BLVD UPLAND, IN46989			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/01/11</p> <p>Facility Number: 000107 Provider Number: 155200 AIM Number: 100290330</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, University Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 75 and had a census of</p>			K0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report.</p> <p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies.</p> <p>The Plan of Correction is prepared and submitted because of requirements under State and Federal law.</p> <p>Please accept this Plan of Correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2011

FORM APPROVED

OMB NO. 0938-0391

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	55 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/04/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0046 SS=C	<p>Based on observation and record review, the facility failed to ensure 6 of 6 emergency lights of at least 1½ hour duration were tested annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency light for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 03/01/11 from 12:00 p.m. to 2:30 p.m., six battery operated emergency lights were observed throughout the facility. During record review with the Maintenance Supervisor at 11:35 a.m., no written record of an annual test regarding the battery operated emergency lights was available for review.</p> <p>3.1-19(b)</p>			K0046	<p>1 & 2. All residents have the potential to be affected. The emergency lighting has been tested for 90 minutes and the emergency lights are fully functional.3. The guidelines for testing the emergency lighting has been reviewed and no changes are indicated at this time. The maintenance director has been re-educated on the 90 minute testing requirement. A preventative maintenance form has been implemented. (See Attachment A)4. The maintenance supervisor will conduct the 90 minute test on the emergency lights and complete the preventative maintenance form annually and the results will be reviewed in the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrective action will be completed on or before March 11, 2011</p>		03/11/2011

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K0130 SS=E	<p>Based on observation and interview, the facility failed to ensure 1 of 9 penetrations of the fire barrier wall in the center 100 hall was protected by an approved device designed for the specific purpose and capable of maintaining the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be designed, constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p> <p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a</p>			K0130	<p>1 & 2. All residents have the potential to be affected. The one inch unsealed penetration of the fire barrier wall on 100 hall has been repaired and is currently sealed. All other fire barrier walls have been inspected with no problems noted.3. Fire barrier wall guidelines have been reviewed and no changes are indicated at this time. The maintenance supervisor has been re-educated on the guidelines. A preventative maintenance form has been implemented. (See Attachment B)4. The maintenance supervisor will check the fire barrier walls on a monthly basis and complete the preventative maintenance form. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrective actions will be completed on or before March 11, 2011</p>		03/11/2011

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	<p>sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>This deficient practice could affect thirty residents in the 100 hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 03/01/11 at 1:35 p.m., above the lay in ceiling of the fire barrier doors in the center of the 100 hall there was an unsealed penetration measuring one inch square around conduit that penetrated the fire barrier wall.</p> <p>Based on an interview with the Maintenance Supervisor at the time of observation, the wall was a fire barrier wall.</p> <p>3.1-19(b)</p>						

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K0144 SS=F	<p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with a functional alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 			K0144	<p>1 & 2. The facility is requesting a 60 day extension to take bids and employ a licensed electrician to repair the annunciator panel and move the panel to a centralized nurses station where it can be readily observed by operating personnel.3. The maintenance supervisor has been re-educated on the guidelines for the annunciator panel. A preventative maintenance form has been implemented (See Attachment B)4. The maintenance supervisor will be responsible for checking the annunciator panel on a weekly basis and completing the preventative maintenance form. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrective will be completed on or before March 11, 2001</p>		04/21/2011

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	<p>5. Overcrank (failed to start). 6. Overspeed. Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 03/01/11 at 1:45 p.m., the facility did have an emergency generator remote annunciator panel. When the test button was pressed, the lights were illuminated but no audible alarm could be heard. To ensure the annunciator panel was working properly, the emergency generator was started but the light on the annunciator panel did not illuminate signaling the generator was running. Then the switch on the generator was changed from automatic mode to manual mode and again the annunciator panel did not</p>						

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	illuminate signaling the generator was "not in auto." Based on this information the Maintenance Supervisor confirmed the annunciator did not appear to be functioning properly. Additionally, the annunciator panel was located near the front entrance across from resident room 117 which was not a regular work station. 3.1-19(b)						